



Questionnaire MSM Screening Study

1. What year were you born?

2. Where do you live?

(first three numbers of your postal code)

3. Were you born in Germany?

Yes No. Country of origin: _____

4. What is your highest school degree?

- I am still in school
I haven't graduated high school
9th grade
10th grade
High school diploma

5. What kind of relationship do you currently have?

- I have a monogamous relationship
I have an open relationship with an agreement for sex with others
I have an open relationship without an agreement for sex with others
I am single/I don't have a relationship
Other kind of relationship
I don't know

6. How many sex partners did you have in the last 6 months?

- ___ men
 ___ women
I don't know
I didn't have sex

7. What kind of relationship did you have with your sex partners in the last 6 months?

(More than one answer possible, if you had multiple sex partners)

- Only steady sex partners
Only non-steady sex partners
Both, steady and non-steady sex partners
I don't know

8. Where did you meet your sex partners in the last 6 months?

(More than one answer possible, if you had multiple sex partners)

- Internet
Pub, bar, nightclub
Sauna

- Sex party
Porn cinema
Park/ cruising location
Through friends
Classified advertising
Brothel
Street
Street prostitution
Other places
I don't know

9. Did you have anal/vaginal sex without a condom in the last 6 months

Yes No I don't know

9.1. If yes, with how many sex partners did you have sex without a condom in the last 6 months?

___ men
 ___ women
I don't know

10. In the last 6 months, what kind of sex did you have with your sex partners?

(more than one answer possible)

- Anal sex with condom
active passive
Anal sex without condom
active passive
Oral sex with condom
active passive
Oral sex without condom
active passive
Rimming (ass licking)
active passive
Fisting (put the fist in the others ass)
active passive
others _____
I don't know

11. Did any of your sex partners use saliva as lubricant before inserting his finger, penis or other objects into your bottom?

Yes No I don't know

12. In the last 6 months, did you use alcohol or drugs before or while having sex?

Yes No I don't know

**12.1. If yes, what kind of?**

(More than one answer possible)

- Alcohol
- Cannabis
- Viagra/Cialis
- Poppers
- Cocaine
- Ecstasy
- Speed
- Crystal Meth
- GHB/GBL
- Bath salts/ Spice
- Others
- I don't know

13. If you have anal/vaginal sex without a condom: Do you use other strategies to reduce the risk of a HIV infection?

(More than one answer possible)

- I don't have sex without a condom.
- I only have sex without a condom in monogamous relationships.
- I only have sex without a condom if I am the active partner.
- I only have sex without a condom if I am the passive partner.
- I tell my sex partner not to ejaculate inside my bottom.
- I try to assess if my sex partner is HIV positive.
- I ask my sex partner for his HIV status
- If my sex partner is HIV positive, I only have sex with him/her if he/she has an undetectable viral load.
- I only have sex without a condom with healthy looking men.
- I use PrEP (pre-exposure prophylaxis)
- My sex partner uses PrEP (pre-exposure prophylaxis)
- I think my HIV risk is low because I'm circumcised.
- I use other strategies.
- No, I don't use other strategies.
- I don't know

14. In the last 6 months, did you have non-steady sex partners...**14.1. who you paid to have sex with you?**

- Yes No

14.2. who paid you to have sex with them?

- Yes No

15. Have you ever been tested for one of the following infections?

(More than one answer possible)?

- HIV
- Syphilis
- Hepatitis B
- Hepatitis C
- Chlamydia/ LGV
- Gonorrhoea
- Mycoplasma
- Trichomonas
- I don't know
- No

16. Have you ever been diagnosed with one of the following infections?

(More than one answer possible)

- HIV
- Syphilis
- Hepatitis B
- Hepatitis C
- Chlamydia/LGV
- Gonorrhoea
- Mycoplasma
- Trichomonas
- I don't know
- No

17. Have you ever been treated for one of the following infections?

(More than one answer possible)

- HIV
- Syphilis
- Hepatitis B
- Hepatitis C
- Chlamydia/LGV
- Gonorrhoea
- Mycoplasma
- Trichomonas
- I don't know
- No

18. In the last 4 weeks, did you have one or more than one of the following physical symptoms?

- pain when urinating
- Itching/pain of the penis, bottom or throat
- skin lesions at penis, bottom or throat
- penile or anal discharge

- Yes
- No
- I don't know



19. If you are HIV positive:

19.1. When were you first diagnosed HIV positive

- Within the last 6 months
- Within the last 12 months
- More than 12 months ago
- I don't remember

19.2. What was your last viral load?

- below threshold
- <1,000 copies/ml
- 1,000 – 10,000 copies/ml
- 10,000 – 100,000 copies/ml
- >100,000 copies/ml
- I don't know

19.3. Do you take any HIV medication (HIV combination therapy)?

- Yes No I don't know

20. If you are HIV negative: Do you currently take PrEP (pre-exposure prophylaxis) against HIV?

- Yes No I don't know

Thank you for taking part!